

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-020409

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 225

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE | | Length of stay in 1b 40 yrs. | c. CITY OR TOWN INDEPENDENCE |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9400 E. 15th St. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 9400 E. 15th St. |
| 3. NAME OF DECEASED (Type or print) First MIDDLE Last ETHEL JOHANNA BJORKMAN | | 4. DATE OF DEATH Month Day Year MAY 13, 1963 | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. Married: <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5-19-1893 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY ----- | 9. AGE (last birthday) 69 |
| 11a. BIRTHPLACE (City and state or country) MIDVALE, UTAH | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME NILS LARSON | | 13b. MOTHER'S MAIDEN NAME CHRISTINE OLSON | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) NP NO | | 16. SOCIAL SECURITY NO. ----- | |
| 17. INFORMANT Address Erick A. Bjorkman, 9400 E. 15th St., Indep. Mo. | | 14. NAME OF HUSBAND OR WIFE ERICK A. BJORKMAN | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Cerebral arterio sclerosis | | INTERVAL BETWEEN ONSET AND DEATH 30 Minutes chronic chronic | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
| 21. I attended the deceased from 7-23-57 to 5-13-63 and last saw her alive on 5-13-63 Death occurred at 8:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Hans J. Elias M.D. | | 22b. ADDRESS 9306 E 40 Hwy Mo | 22c. DATE SIGNED 5-13-63 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 5-15-63 | 23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY | 23d. LOCATION (City, town, or county) KANSAS CITY, MO. |
| 24. FUNERAL DIRECTOR GEO. C. CARSON & SONS, INDEPENDENCE, MO. | | 25. DATE RECD. BY LOCAL REG. 5-13-63 | 26. REGISTRAR'S SIGNATURE Alba L. Craig |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

JUN 8 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Marshall C. Blackwell

Licensed Embalmer No.

4713

P. O. Address

Raytown, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.